Georgia Uninsured Motorist /Medical Payments Coverage Rejection/Selection Form

Ná	amed Insured:		Pol	icy Number:	
In	surance Company:		Dat	e :	
Sec auto veh gara sun veh A.	insured Motorists Coverage ction 33-7-11 of the Georgia Insumobile liability policy or motoricle or shall be issued or delivaged or principally used in this shall be leicle, within limits exclusive of in Not less than \$25,000 because limit for one person \$50,000 b \$25,000 because of injury to or Not greater than the limits of lia or more persons in any one a coverage in the automobile liab	vehicle liability policy shawered by any insurer licestate unless it contains an egally entitled to recover as terests and cost which at the of bodily injury to or destruction of property; ability because of bodily injury coident, and because of in	all be issued or de nsed in this state endorsement or pro- damages from the he option of the inse th of one person or death of two of ury to or death of conjury to or death	livered in this state to upon any motor veh- ovisions undertaking to e owner or operator of sured shall be: in any one accident, a r more persons in an one person in any one tion of property of the	o the owner of such nicle then principally o pay the insured all an uninsured motor and, subject to such y one accident, and accident and of two e insured's personal
Please indicate your selections for Uninsured Motorist Coverage below (The selection(s) that show an asterisk (*) require the payment of an additional premium(s).): A.					
Uninsured Motorists Deductible Option Georgia law requires that you select a deductible option for Uninsured Motorist Coverage. (The selection(s) that show an asterisk (*) here will result in a reduced premium.) Indicate with an "X" in the appropriate box, the desired deductible option. Any amount payable for damages under this coverage will be in excess of the applicable deductible option. For Split Limits, select from the following: No deductible applies * \$250 bodily injury each accident; \$250 property damage each accident * \$500 bodily injury each accident; \$500 property damage each accident For Combined Single Limit (CSL), select from the following: No deductible applies * \$500 each accident * \$1,000 each accident * \$1,000 each accident * \$1,000 each accident * \$2,000 each accident					
Med sele	dical Payments Coverage dical Payments Coverage is avection(s) that show an asterisk (* I hereby reject Medical Paymen I hereby accept Medical Payme 1 * 1,000) require payment of additi ts Coverage. nts Coverage for a limit of:		Medical Payments Co ☐ * \$25,000	overage below (The
This poli	s selection of limits and/or rej cy.	ection of coverage by an	y Named Insured	is binding upon all i	nsureds under the
Nami	ed Insured's Signature and Title			 	

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